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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4 + 1

Application Number

10 / 614 , 270

Filing Date

07 - 07 - 2003

First Named Inventor

ZOLTAN EGGERESI

Art Unit

Examiner Name

Attorney Docket Number

### ENCLOSURES (Check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related Papers                             | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application     | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                        | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                     | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                                  |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                                   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                            |   |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | Remarks   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | REQUESTED SIGNED UTILITY DECLARATION WITH \$ 65 <sup>00</sup> CHECK PLUS OATH |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	ZOLTAN EGGERESI		
Signature			
Date	11-01-2003		

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being ~~transmitted~~ transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

ZOLTAN EGGERESI

Signature

Date

11-01-2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (11-01)  
Approved for use through 10/31/2002. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 65.00

## Complete If Known

Application Number 10/614,127  
Filing Date 07-07-2003  
First Named Inventor ZOLTAN EGGERESI  
Examiner Name  
Group Art Unit  
Attorney Docket No.

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number  
Deposit Account Name

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity / Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
108 330	208 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 180	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid

Total Claims -20\*\* = X  
Independent Claims -3\*\* = X  
Multiple Dependent

Large Entity / Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity / Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65			Surcharge - late filing fee or oath	65.
127 50	227 25			Surcharge - late provisional filing fee or cover sheet	
139 130	139 130			Non-English specification	
147 2,520	147 2,520			For filing a request for ex parte reexamination	
112 920*	112 920*			Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*			Requesting publication of SIR after Examiner action	
115 110	215 55			Extension for reply within first month	
116 400	216 200			Extension for reply within second month	
117 920	217 460			Extension for reply within third month	
118 1,440	218 720			Extension for reply within fourth month	
128 1,960	228 980			Extension for reply within fifth month	
119 320	219 160			Notice of Appeal	
120 320	220 160			Filing a brief in support of an appeal	
121 280	221 140			Request for oral hearing	
138 1,510	138 1,510			Petition to institute a public use proceeding	
140 110	240 55			Petition to revive - unavoidable	
141 1,280	241 640			Petition to revive - unintentional	
142 1,280	242 640			Utility issue fee (or reissue)	
143 480	243 230			Design issue fee	
144 620	244 310			Plant issue fee	
122 130	122 130			Petitions to the Commissioner	
123 50	123 50			Processing fee under 37 CFR 1.17(q)	
126 180	126 180			Submission of Information Disclosure Stmt	
581 40	581 40			Recording each patent assignment per property (times number of properties)	
148 740	248 370			Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370			For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370			Request for Continued Examination (RCE)	
169 900	169 900			Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 65.00

## SUBMITTED BY

Name (Print/Type) ZOLTAN EGGERESI

Registration No. (Attorney/Agent)

Complete (if applicable)

Telephone 831 425-4512

Signature

Date 11-01-2003

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

*In the United States Patent and Trademark Office*

OATH OR AFFIRMATION

I, ZOLTAN ESERES,

DO SOLEMNLY SWEAR OR AFFIRM THAT IF ADMITTED TO PRACTICE BEFORE  
THE UNITED STATES PATENT AND TRADEMARK OFFICE:

I will observe the laws and rules of practice of the United States Patent and Trademark Office.

I will maintain the respect due to the United States Patent and Trademark Office and the officials thereof.

I will not counsel or maintain any application or proceeding which shall appear to me to be unjust, nor will I take any action except such as I believe to be honestly debatable under the law.

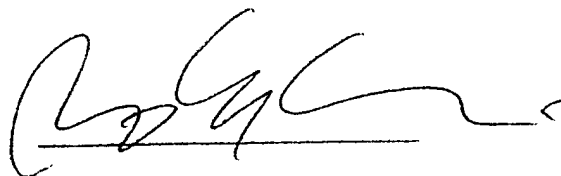
I will employ for the purpose of maintaining the causes confided to me such means only as are consistent with truth and honor and will never employ political influence nor seek to mislead the officials of the Office by any artifice or false statements of fact or law.

I will maintain in confidence and preserve inviolate the secrets of my client and will accept no compensation in connection with his or her business except from him or her with his or her knowledge or approval.

I will abstain from all offensive personality and advance no fact prejudicial to the honor or reputation of a party or witness unless required by justice of the cause with which I am charged.

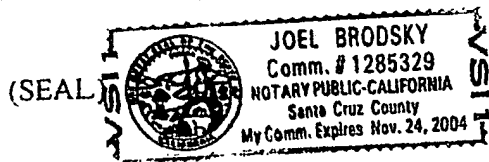
I will not delay any man's cause for lucre or malice.

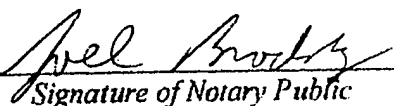


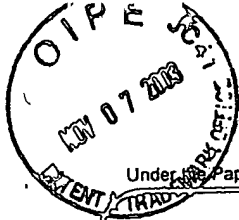


Signature of Applicant

Submitted and sworn to, or affirmed before me this 24<sup>th</sup> day of February, 2003



  
Signature of Notary Public



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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

First Named Inventor

ZOLTAN KEGRESI

**COMPLETE IF KNOWN**

Application Number

10/614,270

Filing Date

07-07-2003

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ZOLTAN KEGRESI - CANADIAN CITIZEN  
5500. COAST RD.  
SANTA CRUZ, CA, 95060 - USA

(Title of the Invention)

the specification of which

WATER PRESSURE DRIVEN WET AND DRY SHAVER  
WITH BEARD TRIMMER, WATER CLEAN ON/OFF & SPEED CONTROL



is attached hereto

OR



was filed on (MM/DD/YYYY)

07-07-2003

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application which has an earlier filing date before that of the application on which priority is claimed.

Prior Foreign Application  
Number(s)

THERE IS NO  
SIGNATURE  
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WHERE IS THE  
SIGNATURE ON  
THIS PAGE FOR  
SIGNATURE ??

Filing Date  
(MM/DD/YYYY)Priority  
Not ClaimedCertified Copy Attached?  
YES NO

Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name **ZOLTAN EGÉRESI**

Address **5500. COAST RD.**

City **SANTA CRUZ,** State **CA.** ZIP **95060**

Country **U.S.A.** Telephone **831 425-4512** Fax **831 425-7888**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **ZOLTAN** Family Name or Surname **EGÉRESI**

Inventor's Signature  Date **10-30-03**

Residence: City **SANTA CRUZ,** State **CA.** Country **USA** Citizenship **CANADIAN**

Mailing Address **5500. COAST RD.**

City **SANTA CRUZ,** State **CA.** ZIP **95060** Country **U.S.A.**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) **N/A** Family Name or Surname

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

City State ZIP Country

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.